

Michael Randol, Medicaid Director

Medical Assistance Advisory Council (MAAC)

Summary of Meeting Minutes August 6, 2019

Call to Order and Roll Call

Council Co-Chair Sarah Reisetter, Iowa Department of Public Health, called the roll call at 1:02 P.M. Attendance is as reflected in the separate roll call sheet. A quorum was met.

Approval of Previous Full Council and Executive Committee Minutes

Sarah called for a motion to approve minutes from the May 7, 2019 Full Council meeting and the June 11, 2019 Executive Committee meeting.

Anthony Carroll, AARP, called for a point of order stating that he believed the roll had only been called for the Executive Committee. Several representatives of participating Professional and Business Entities echoed Anthony's concerns, generally stating confusion over which organizations would be considered members of the MAAC, and which organizations would have their attendance reflected in roll calls. Director Randol stated that IME staff would send out more information regarding membership of the MAAC. Sarah then again called for a motion to approve the minutes of May 7, 2019 and June 11, 2019. The motion carried and the minutes were approved.

Election of the Public Co-Chair

Sarah called for any interest in serving as co-chair, Jason Haglund expressed interest. Tom Broeker made a motion to nominate Jason as co-chair, Marcie Strouse seconded. The motion carried; Jason Haglund will continue serving as Co-Chair of the council.

Determining Staggered Terms for Business and Professional Members

Three of the five professional and business entities need to be identified as serving three-year terms, and two need to be identified as serving two year terms. The Council determined the terms by votes received in the recent election: of the five professional and business entities receiving the most votes, the top three vote getters would serve three-year terms, and the remaining two organizations would serve two-year terms. The lowa Medical Society and the lowa Pharmacy Association received the same amount of votes; a coin toss determined that the lowa Pharmacy Association will serve a three-year term. The lowa Hospital Association will serve a three-year term. The lowa Medical Society will serve a two-year term. The lowa Association of Community Providers will serve a two-year term.

Review and Approval Draft Administrative Rules

Sarah read through the Draft Administrative Rules developed by the Executive Committee. Once the MAAC approves the Draft Administrative Rules, the rules will be passed on to the Council on Human Services to formally adopt. Sen. Joe Bolkcom commented that the legislative membership of the roll call was not up to date, and raised the issue of who would be able to speak during the open comment period of the agenda. The Council further discussed who is considered a member of the council per the draft Administrative Rules and lowa Administrative Code. The Council decided to table the adoption of the Draft Administrative Rules until clarification of membership and the open comment period was sent out by IME staff. The Council will examine this issue again in the November meeting.

Medicaid Director's Update

Director Randol stated the transition of members from UnitedHealthcare to Iowa Total Care and Amerigroup Iowa, Inc. has gone well. There have not been any widespread issues or concerns, small issues have been identified and are resolved as quickly as possible. Iowa Total Care has already successfully paid claims. Amerigroup has hired staff to take on the addition of new members. Member choice continues through September 30, 2019. The IME is monitoring member choice to maintain the equitable distribution of members between the two MCOs.

The IME has received signed contracts from Amerigroup and Iowa Total Care for SFY 2020. There have been some program changes: members are now allowed to have whomever they wish present at their Long Term Services & Supports (LTSS) assessment. MCOs are required to notify members of their LTSS assessment 14 days in advance. MCOs are required to provide the results of the LTSS assessment to the member within three business days. The IME is funding greater access to Hepatitis C treatment, by reducing the fibrosis score required for Medicaid members to access treatment, the fibrosis score will likely be lowered again in January 2020. Provider rates were rebased for Federally Qualified Health Centers, Rural Health Clinics, and Intermediate Care Facilities for the Intellectually Disabled. MCOs are required to load their provider rates within 30 days or face liquidated damages if they fail to comply. The MCOs must complete provider credentialing and accurately load provider rosters; the IME may assess liquidated damages if the MCOs do not comply.

The IME is increasing total funding in several key areas: nursing homes by almost \$60 million; additional \$12.8 million for mental health; and an increase in \$3.8 million for critical access hospitals. The IME is developing a critical access hospital factor that will be added on to the fee. The factor will be based on utilization and costs that are reported from those entities. Another funding increase is an additional \$2.6 million for the Intellectual Disability Waiver Tiered Rate Fee Schedule effective for July 1, 2019.

Concurrent with the MCO transition, the IME had to transition its eligibility system for Hawki. This has been completed with no major impact on member eligibility.

On August 1, 2019, the IME implemented a mandatory electronic billing requirement for all providers, this includes Fee-for-Service claims as well as Managed Care claims. Individual CDAC providers are excluded, and dental providers will not be required to comply until February 2020.

At Rep. Heather Matson's request, the Director stated IME staff would send a written version of his talking points out to Council members.

Sen. Bolkcom asked the Director where the money reflected in the rate increase for State Fiscal Year 2020 would go. The Director replied that, given an understanding of capitated rates, more than 92% of the funding will go to providers. The Director stated that he would have the actuary develop a document that will explain how the funding and is distributed through capitated rates. This document will be shared with the Council.

Cindy Baddeloo asked the Director to provide an update on Electronic Visit Verification. The Director replied that the Centers for Medicare and Medicaid Services allowed the IME to submit a good faith letter, which will make the effective date for personal care services January 1, 2021. In-home health care will need to comply by January 1, 2023.

Updates from MCOs

Amerigroup lowa, Inc.

John McCauly provided operational updates for Amerigroup Iowa, Inc. Amerigroup now has more than 380,000 members across all populations. Amerigroup has 593 employees in Iowa, in all 99 counties, with roughly 39% of employees in the Des Moines area. Amerigroup Community-Based Case Managers continue to assist members affected by the Spring 2019 flooding across the state. Amerigroup completed over 15,000 LTSS assessments in the month of July.

Anthony Carroll, AARP, asked what challenges Amerigroup has experienced as the remaining original MCO. John answered that in the most recent transition, Individual CDAC providers did not automatically contract with Amerigroup as the providers members moved to Amerigroup from UnitedHealthcare. John noted that the Medicaid program has made progress in rebalancing long-term care.

Sen. Bolkcom noted that there is a crisis in rural pre-natal care across the state, noting that rural hospitals lose money on every birth they perform. He asked John if there was any way he could increase the rate at which these providers are reimbursed. John stated that Amerigroup reimburses at the rate levels set by the state.

Iowa Total Care

Mitch Wasden, CEO of Iowa Total Care, gave an update on Iowa Total Care's first month in the managed care program. Iowa Total Care has hired 96% of their 820 Iowa based employees. Iowa Total Care has performed 14,000 health risk screenings. Iowa Total Care had 812 employees ready for July 1, 2019. Iowa Total Care has about 15,000 LTSS members. Iowa Total Care has completed over 811 LTSS assessments that were either due before July 1, or within July, and will have all assessments completed by mid-August. Iowa Total Care has just started receiving and paying claims, roughly 120,000 claims were received to date. Iowa Total Care has an active partnership with the Boys and Girls Club of Iowa, as well as the Urban League. Iowa Total Care is looking forward to moving many of their contracts into value based purchasing contracts.

Dennis Tibben, Iowa Medical Society, asked about an issue that some providers had signed contracts but did not see themselves reflected on Iowa Total Care's roster. Mitch and the Director assured Dennis that providers with this issue would be treated as in-network while Iowa Total Care is manually updating their roster.

Sen. Bolkcom asked how many employees lowa Total Care has, and what the biggest issues have been in the transition. Mitch said their biggest concerns were managing the transition of LTSS members, and that lowa Total Care's largest unforeseen issue was the tight labor market in Des Moines, specifically finding data analytic talent.

Open Discussion

Shelly Chandler, Iowa Association of Community Providers, asked about an issue she and her providers have seen with the Mandatory Reporter training discussed at the last MAAC Executive Committee Meeting. Director Randol stated that the IME would distribute an update on this issue to the members of the council before the next MAAC meeting.

Dave Carlyle, Iowa Academy of Family Physicians, raised concerns that the Administrative Rules and Iowa Code do not comply with federal regulations, specifically that committee membership requirements are being met given the reduced size of the council. Director Randol stated that he believed the draft administrative rules and Iowa Code complied with federal regulations, but that the draft rules will be reviewed again to ensure compliance.

<u>Adjournment</u>

Meeting adjourned at 2:52 P.M.

Submitted by, Michael Kitzman Recording Secretary mk